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36802 7590 02/14/2006

PACSETTER, INC.
15900 VALLEY VIEW COURT
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05/30/2006 HDEMESS2 00000009 160068 09981652

01 FC:1501 1400.00 DA
02 FC:8001 6.00 DA

Cristene Amador (Depositor's name)
Cristene Amador (Signature)
05/04/06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/981,652	10/17/2001	Mark W. Kroll	SJ1-012US	7570

TITLE OF INVENTION: AUTOMATIC DEFIBRILLATION SHOCK ENERGY ADJUSTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/15/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOCKELMAN, MARK	3766	607-007000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PACSETTER, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

15900 Valley View Court
Sylmar, CA 91392-9221

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0068 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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5/4/06

Typed or printed name

Derrick W. Reed

Registration No.

40,138

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**TELECOPIER COVER SHEET****May 4, 2006**

To: Assistant Commissioner for Patents	From: Cristene Amador Senior Patent Assistant 818/493-3103
Attention: BOX ISSUE FEE	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571/273-2885	Telecopier: 818/362-4795
RE: Payment of ISSUE FEE Applic. No. 09/981,652 Filed: 10/17/2001 Docket No. SJ1-012US	Number of pages being sent: <u>2</u> (including cover page)

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